

17698
07/02/03

Attorney Docket No. UCON/204/US

16798 U.S. PTO
10/6/1251
07/02/03

MAIL STOP PATENT APPLICATION
Commissioner For Patents
P. O. BOX 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the Utility Design patent application of:

Inventors: Artie J. Goldberg and Charles J. Burstone
For: ADVANCED THERMOPLASTICS FOR ORTHODONTICS

Enclosed are:

- 40 Sheets Of Specification
- 14 Sheet(s) Containing Figures 1-28 Formal Informal
- A Return Receipt Postcard.
- An Assignment Of The Invention
- A Certified Copy Of A Priority Document, Application No.
- A Copy of Inventor's Declaration. (Signed)
- An Original Verified Statement
- A Preliminary Amendment.
- A Request For Non-Publication Of Application - Under 35 U.S.C. § 122(b)(2)(B)(i) is attached.

If checked, this application is a:

- Continuation
- Continuation-In-Part
- Divisional

Application of prior United States Patent Application Number _____ previously examined by _____ Examiner) in Group/Art Unit _____.

For Continuation or Divisional Applications: The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

I, hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on July 2, 2003, and is addressed to the "Mail Stop Patent Application, Commissioner For Patents, P. O. Box 1450, Alexandria, VA 22313-1450".



Doti Ann Lewis

The filing fee has been calculated as shown below:

Design Application For Small Entity = \$165.00 Not Small Entity = \$330.00

Utility Application With Fee Calculated Below:

If Checked, Applicant Is A SMALL ENTITY.

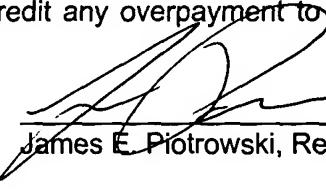
		<u>CLAIMS</u>		<u>SMALL ENTITY</u>		<u>LARGE ENTITY</u>
	No. <u>Filed</u>	No. <u>Extra</u>				
Total Claims	35	-20=	15	x \$9 =	\$135.00	x \$18 =
Independent claims	4	-3=	1	x \$42 =	42.00	x \$84 =
Basic Filing Fee (Utility)					<u>375.00</u>	\$750.00
Multiple Dependent Claims Presented				x \$140		x \$280
				<u>TOTAL</u>	<u><u>\$552.00</u></u>	<u>TOTAL</u>

A check in the amount of \$552.00 to cover the filing fee is enclosed.

Please charge my Deposit Account No. 16-2563 in the amount of \$ _____ to cover the filing fee. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional required filing fees under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit account No. 16-2563. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. A duplicate copy of this sheet is enclosed.



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